

Guilford Veterinary Hospital
81 Saw Mill Road
Guilford, CT 06437
Phone: 203-453-2707 Fax: 203-453-2709
www.guilfordvet.com

DIABETIC INFORMATION FORM

Date:

Client Name: _____ Pet's Name: _____ Best phone # to contact: _____
Client Id: _____ Patient Id: _____

Reason for Admission: Initial Regulation _____
Glucose Curve _____
Sick _____
Other _____
Hospital Care _____ Admission Date: _____ Pick up Date: _____

INSULIN INFORMATION Please note: If your cat is on Lantus/Glargine insulin, DO NOT FEED OR GIVE INSULIN BEFORE ADMISSION.

What kind of insulin is your pet using? Glargine/Lantus _____
Humulin-N/NPH _____
Novolin-N _____
Other _____

Current Dosage (Units) _____ Frequency: Once daily _____ Twice daily _____
Times of day given: _____ a.m. _____ p.m.

Did you bring your own insulin with you today? _____
When was your last dose of insulin given: Date _____ Time: _____ a.m./p.m.
Do you need a new Prescription for the Pharmacy? Insulin _____ Syringes _____
Written prescription YES___ NO___ **OR** Do you want us to call your Pharmacy? YES___
NO___
Pharmacy name and Phone# _____

FEEDING INFORMATION

What is the brand name of dry food you are currently feeding?

How much dry food is given at each meal: _____ How many times a day: _____

What is the brand name of canned food you are currently feeding? _____

How much canned food is given at each meal: _____ How many times a day: _____

Does your pet have "FREE ACCESS" to food at all times? _____

Did you bring your pet's food with you today? _____

When did you last feed your pet: Date _____ Time _____ a.m./p.m. How much? _____

HEALTH STATUS

Is your pet drinking? Excessive ___ Normal ___

Is your pet urinating? Excessive ___ Normal ___

Is your pet eating? Decreased ___ Normal ___

Do you have any questions or concerns for the Doctor?

Please list all other medications that your pet is currently taking and when they were last given
